

*Affiliated Practices Providing*  
**AFFORDABLE DENTURES®**  
*A Good Reason To Smile.*

## Outside Agency Request Form

**Fax Completed Form To Pam Jones at : (252) 208-7028**

Please fill in the information below. Once received, the appropriate Affordable Dentures affiliated practice will be contacted. Please check the appropriate box indicating whether your organization would like to be billed or would prefer to send a check with the patient.

Name of Organization: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Affordable Dentures Office to Visit: \_\_\_\_\_

Amount Not to Exceed: \$ \_\_\_\_\_  
*(Must be completed)*

Tax ID #: \_\_\_\_\_ N/A

OA Account # *(for office use only)*: \_\_\_\_\_

Please bill my organization

A check will be sent with patient

**Affordable Care, Inc.**

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